

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Nexus Bankruptcy Benjamin Heston 3090 Bristol Street #400 Costa Mesa, CA 92626 Phone: (949) 312-1377 Email: ben@nexusbk.com Bar Number: 297798 Attorney for Debtor <input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO VALLEY DIVISION	
In re: Scott M Beckley Michelle K Beckley	CASE NO.: CHAPTER: 7
Debtor(s).	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (*Check only ONE box below*):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 07/22/2025 Scott M Beckley
Printed name of Debtor 1


Signature of Debtor 1

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date *(Check only ONE box below):*

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 07/22/2025 Michelle K Beckley
Printed name of Debtor 2


Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Date	Amount
05/23/2025	\$455.47

Pay Four Hundred Fifty-Five and 47/100 ***** DOLLARS

To The
Order Of MICHELLE BECKLEY
6756 PHEASANT LANE
OAK PARK, CA 91377

- THIS IS NOT A CHECK DO NOT CASH -

ASCENSION LUTHERAN CHURCH & SCHOOL
ASCENSION LUTHERAN SCHOOL
1600 E Hillcrest Drive
Thousand Oaks, CA 91362
8054950406
EIN: 95-2243400
MICHELLE BECKLEY 233632

Pay Period: 05/05/2025 - 05/18/2025

	Department	Hours	Units	Rate	Amount	YTD Hours	YTD Units	YTD Amount
<u>Earnings</u>								
Regular	2200 - ALS Aide	25.80		\$19.00	\$490.20	388.14		\$7,374.66
Sick	2200 - ALS Aide	<u>0.50</u>		<u>\$19.00</u>	<u>\$9.50</u>	<u>11.50</u>		<u>\$218.50</u>
	Total	26.30	0.00		\$499.70	399.64	0.00	\$7,593.16
<u>Taxes</u>								
Federal						\$0.00		\$0.00
CA State						\$0.00		\$43.69
Social Security	6.20%					\$30.98		\$470.78
Medicare	1.45%					\$7.25		\$110.11
CA CA Disability						<u>\$6.00</u>		<u>\$91.11</u>
	Total					\$44.23		\$715.69
	Net Pay					\$455.47		\$6,877.47
<u>Accruals</u>		Hours Used	Hours Accrued	Hours Used YTD	Hours Accrued YTD		Hours Available	
Sick Minimum		<u>0.50</u>	<u>0.00</u>	<u>11.50</u>	<u>0.00</u>			<u>0.00</u>
<u>Direct Deposit Info</u>	Routing	Account		Amount				
Checking	322274158	*****0807		\$455.47				
						Total Net Pay:		\$455.47

